

10/28/79

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

**PATENT NUMBER**

**U.S. UTILITY Patent Application**

|  |                    |
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| <p> <i>KS</i> <i>mk</i> <i>O.I.P.E.</i><br/> <i>11-3</i> <i>ACG</i><br/>           SCANNED <i>11-3</i> <i>O.A.</i> <i>AmS</i> </p> | <p>PATENT DATE</p> |
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|                              |                 |              |                 |                  |  |
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| APPLICATION NO.<br>09/841795 | CONT/PRIOR<br>D | CLASS<br>600 | SUBCLASS<br>300 | ART UNIT<br>3736 | EXAMINER<br><i>McCrack</i><br><i>Astoria</i> |
|------------------------------|-----------------|--------------|-----------------|------------------|--|

## APPLICANTS

Jonathon Lipman

# THE

## Comprehensive pain assessment systems and methods

PTO-2040  
12/99

# ISSUING CLASSIFICATION

| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |
|------------------------------|--|----------|--|--------------------|-----------------------------------|--|--|--|--|--|--|
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |
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| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|   |  |             |            |                                   |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br>_____<br>_____ | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b>                  |                      |
|   |  |             |            | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal ____ months of<br>this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) (Date) |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |

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